# City of Albuquerque Official Business Registration Application

**Commercial Business** 



Congratulations on taking one of the first steps to starting your new business in the City of Albuquerque! All businesses operating within the city limits, for a profit and who are required to obtain a New Mexico Taxpayer Identification Number are required to obtain a business registration (Business Registration Ordinance 53-1981) from the City's Treasury Division. This includes both home-based and commercial businesses.

#### **FEES**

The administration fee collected, which pays to set up and maintain your registration, is **Non-Refundable**. The annual fee for a Business Registration is \$35.00 per business location.

**Late Fees:** Businesses that do not pay the registration fee by the date business has commenced or annually on or before the anniversary date will be charged a late fee of \$10.00 per year.

#### **HEALTH PERMIT FEES**

If your business involves handling, preparation, food service, a swimming pool, liquor stores, bars/lounges, or convenience stores selling liquor please contact the City Environmental Health Department at 505-768-2600 to obtain information on any health permits that apply to your business. Inspection fees for each permitted location will be determined by the City Environmental Health Department

#### FILING YOUR BUSINESS REGISTRATION APPLICATION

Complete all sections of the application. Be sure the information is complete, legible and accurate. Information you include in your application is public information.

#### **BUSINESS ADDRESSES/LOCATION**

Zoning approval is required for each location where you will be conducting business. If you will be conducting business in one or more locations, submit a separate application for each location. It is the responsibility of the business owner to notify the City Treasurer in writing of any changes to the business location. A separate business registration application is required for each business location, whether located in a business or residential building. (Ordinance 53-1981).

A physical address is required for each business location. A post office box may be used only for the mailing address.

#### **QUESTIONS**

Please contact the City's Treasury Division with any business registration questions or concerns either by phone at 505-768-3463 or by email at caglialoro@cabq.gov.

On behalf of the City of Albuquerque, We Wish You Success On Your New Business!



# CITY OF ALBUQUERQUE BUSINESS REGISTRATION APPLICATION COMMERCIAL OCCUPATION

Phone contact (505) 768-3463 for questions on this section or in general

### PLEASE ANSWER ALL QUESTIONS - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

	CHECK HERE IF THIS APPLICATION	ATION IS FOR A CHANGE	OF ADDRESS		
	*OWNER NAME				
ER ATION	* STREET # *STREET NAME		*STREET TYPE (e.g. Ave, St, D	r, etc)	*POST DIR (e.g. NE)
INFORMATION	*CITY	*STATE		*ZIP CODE	
_	*PHONE	*FAX			
		☐ PROPRIETORSHIP / Se	OLE OWNER	LLC	
	☐ PARTNERSHIP			☐ NOT FOR PROFIT	
		☐ CORPORATION		☐ OTHER	₹
	*STATE TAX ID # (CRS #)	*OWNER TYPE			
COMPANY INFORMATION (DBA)	* BUSINESS (DBA) NAME  STREET # STREET NAME  CITY  PHONE  DESCRIBE SERVICE OR PRODUCTS P	STATE FAX ROVIDED	STREET TYPE (e.g. Ave, St, D	ziP CODE	POST DIR (e.g. NE)
	MAILING ADDRESS (IF DIFFERENT	FROM ABOVE):			
MAILING ADDRESS	STREET # STREET NAME		STREET TYPE (e.g. Ave, St,	Dr, etc)	POST DIR (e.g. NE)
ĕ Ø	CITY	STATE	<u> </u>	ZIP CODE	
	Zoning Enforcement che NOTE: THIS ADDRESS IS LOCATED OUTSII DNLY ALLOWS YOU TO DO BUSINESS WIT CONTACT THE APPROPRIATE ZONING AU	DE THE MUNICIPAL LIMITS OF HIN THE CITY. TO ESTABLIS	F ALBUQUERQUE H THE BUSINESS	. APPROVA	L OF THIS LICENSI

Ар	pplication Check List:				
	Fill out the entire application completely. Incomplete applications will not be processed.				
	There is a \$35 annual fee; the fee is non-refundable. If mailing, do not send cash. Make check out to City of				
	Albuquerque.				
	Deliver in person to City Treasury, Plaza Del Sol Building, 600 2 <sup>nd</sup> St NW (on the corner of Lomas and 2 <sup>nd</sup> Street), or				
	Mail to:				
	City of Albuquerque				
	Treasury Division				
	Attn: Business Registration				
	PO Box 17				
	Albuquerque, NM 87103				
	FIRE ENFORCEMENT				
	Phone contact – (505) 924-3611 for questions on this section.				
ΡI	EASE ANSWER ALL QUESTIONS – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED				
1.					
	If, "yes", will you be submitting plans for any required permits (Building, Elect., Mech. etc.)?				
2.	2. Will hazardous materials be stored, used or dispensed at this business?   No Yes				
	If "yes", Material Safety Data Sheets will be required to be submitted for review.				
3.	Will flammable / combustible liquid be stored or dispensed at this business? ☐ No ☐ Yes				
	If "yes", what Class of flammable/combustible liquid will be used in what quantities?				
4.	Check the box that BEST classifies your Business Occupancy?				
	Assembly Occupancy e.g. Restaurant, Bar, Church etc. Occupant Load for Building?				
	Educational e.g. Schools, Kindergartens, Nursery Schools.				
	Health Care e.g. Residential Care, Nursing Homes, Hospitals.				
	Residential e.g. Hotels, Motels, Apartments, Board and Care facilities.				
	Mercantile e.g. Department Stores, Retail Stores etc.				
	Business e.g. General Offices, Doctors Offices, Banks etc.				
	Industrial e.g. Factories, Gas Stations, Auto Repair Shops, Paint & Body Shops etc.				
	Storage Facilities e.g. Warehouses, High Piled Storage, Truck Terminals etc.				
	Day Care e.g. Child Day Care, Adult Day Care, Home Day Care etc.				
5.	What is the square footage of the building or space where the business is located?				

**ZONING ENFORCEMENT**Phone contact – (505) 924-3850 for questions on this section.

### PLEASE ANSWER ALL QUESTIONS - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

1.	Name of property owner:						
2.	Describe the business activity:						
3.	Will there be any outdoor storage or activity associated	with the business?					
	If yes, explain:						
4.	Is this activity a new use for this location?	o 🗌 Yes					
	If yes, what was the previous use?:						
5.	If this activity is a restaurant:						
	What is the total seating capacity?						
	Will there be outside seating?  No	☐ Yes					
	If yes, is the seating located in the public r	right of way?   No Yes; additional permit is required.					
6.	6. Is there adequate off street parking designated for your use?						
	How many spaces?						
7.	Will the business be an adult amusement establishment, adult book store, adult photo studio or adult theater as defined in						
	section 14-16-1-5 of the zoning code?   No  Yes; additional information and review required.						
8.	Are there any existing signs on the premises of your built	ilding?					
9.	Do you intend to repaint any existing signs or install any	y new ones?   No Yes; additional permits required.					
NOTE: If your business involves any of the following, but not limited to: Adult Amusement, Auto Dismantler / Auto Dealership, Escort Service or Firearms, please be advised that you will be required to visit the Zoning Office located at 600 2 <sup>nd</sup> St NW, first floor of the Plaza Del Sol Building, phone (505) 924-3850.							
Ple	ease read the following before signing the application	:					
l ur	nderstand that a "Permit" shall be obtained from the Fire	Marshal's Office prior to engaging in any activity that requires such					
pur	rsuant to the City of Albuquerque Fire Code. Registering	a business does not constitute a waiver of any requirements of the					
City	ry of Albuquerque Fire Code or provisions of any other Ord	dinance or Law.					
I fu	urther understand that my signature indicates that all of th	ne information contained on this application is true and correct, and					
tha	at Zoning approval of this commercial occupation is depe	endent upon me abiding by all the regulations found in the City of					
Alb	ouquerque Comprehensive Zoning Code [Article XVI of Cl	hapter 14 of the Revised Ordinances of Albuquerque, New Mexico,					
	94].						
		s application is considered public information and will be					
pul	blished on the City of Albuquerque's website.						
v							
<b>X</b> _		phone Number Date					
F	OFF	FICE USE ONLY					
╟							
<b> </b> 2'	ONING OFFICE APPROVAL	FIRE MARSHALL APPROVAL					
Z	ONE: APPROVED	PERMIT REQUIRED? ☐ NO ☐ YES					
М	MAP: DISAPPROVED	INSPECTION REQUIRED? ☐ NO ☐ YES					
B'	Y:	BY:					
	DATE:						
, C	COMMENTS:	COMMENTS:					